

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814
(916) 445-7046



September 21, 1976

ALL-COUNTY LETTER NO. 76-121

TO: ALL DISTRICT ATTORNEYS
ALL AUDITORS/CONTROLLERS
ALL FAMILY SUPPORT DIVISION CHIEFS
ALL COUNTY WELFARE DIRECTORS (Information Only)

SUBJECT: Child Support (IV-D) Administrative Expense Claiming

REFERENCE:

This letter is to provide information on the following subjects: 1) federal financial participation for administrative expenditures for the nonwelfare portion of the Child Support Program, 2) child support space costs, and 3) Child Support Administrative Expense Claim Forms revision.

Federal Financial Participation

Public Law 94-365 extends the 75 percent federal funding for nonwelfare administrative costs for the IV-D Child Support Program until June 30, 1977. Thus, these costs remain reimbursable at the same funding ratios as in Fiscal Year 1975/76.

Space Costs

Some counties have not yet submitted requests for approval to claim participation in child support space costs (Form DFA 117's). The DBP's Fiscal Manual Section 25-815.352, (b) states:

"If the expenditure is one in which DBP authorization prior to claiming is required, e.g., space, EDP, etc., reimbursement will be made available from the beginning of the quarter in which the county has given written notice to DBP that plan material will be submitted, provided that not more than 12 months elapse between the date of the notice of intent to file and the submission of plan material."

Since child support was a new program with little advance notice for implementation, efforts were made to assist the District Attorneys and the above requirement was not enforced. County staff are now advised that any requests submitted after September 30, 1976 will be treated in accordance with the above-stated manual section and will receive approval to claim financial reimbursement only to the beginning of the quarter in which notification is received.

The forms to be completed are listed for your convenience:

CS 117 Rent-Private Buildings
 CS 117A County Building Alterations
 CS 117B Construction or Purchase
 CS 117C Alterations-Private Buildings
 CS 117D Maintenance Services

If forms or assistance is needed, please feel free to contact Phyllis Kaneff, Space Facilities Consultant, at 916/445-0480.

Administrative Expense Claim Forms

Attached are copies of the revised IV-D Child Support Administrative Expense Claim Forms CA 356 - CA 361. These forms are to be used by the county District Attorneys effective the first quarter of Fiscal Year 1976/77. Please take notice of the following revisions:

CA 356

1. The "County A-87 Plan" line under Group IV has been relabeled "FMC 74-4 Costs" and moved to Group II, line D.
2. Line F labeled "Collection Fees" has been added to Group II. These fees are to be inserted as a negative amount and deducted from the costs claimed in Group II. (Please see All-County Letter No. 76-41 dated February 27, 1976.)
3. The "Direct Billed" line under Group IV has been modified to enable the counties to itemize these costs.
4. "Group VII - Extraneous" has been added to allow counties to list any costs they intend to claim but are unable to claim on a current basis. An example of this is EDP costs incurred prior to the counties receipt of an official approval for their IV-D EDP System. By placing these costs in "Extraneous," the county is showing intent to claim these costs if and when the system is approved. A statement explaining all "Extraneous" costs is to be submitted with the claim.

Other Changes

1. The activity "Fiscal Services" has been relabeled "Collection and Distribution," and "Other" is now labeled "Non-Child Support," on claim Forms CA 357, CA 358, CA 359, CA 360 and CA 361.
2. The time study ratios should be rounded to six places (CA 357).
3. "State IV-D Agency" has been relabeled "Local IV-D Agency" on Forms CA 356, CA 358 and CA 360.
4. The total dollar amount for each column on the CA 358 has been moved down to the "Total" line.

5. In conformance with federal reporting requirements, "Administration" has been blocked out under the "Cooperative Agreement" and "Purchase of Services Private Agencies" columns of CA 359. Any such "Administration" of child support activities, as defined in Time Study Form DFA 400, should be spread to the other reimbursable activities in direct relationship to the number of hours in each activity.
6. Form CA 361 has been relabeled "IV-D Child Support Program - Distribution Report of Total Expenditures."

A supply of forms has been sent to the counties under a separate cover. If your county has not received its supply of the revised claim forms by September 30, 1976 or if you have any questions, please contact Norm Hoe, Phil Noble or Al Granda at (916) 445-7046.

Sincerely,



GARY G. ADAMS
Deputy Director

Attachments

cc: CWDA

IV-D CHILD SUPPORT EXPENDITURE SCHEDULE AND CERTIFICATION

COUNTY		FISCAL YEAR	QUARTER ENDING	PAGE 1
GROUP I - LOCAL IV-D AGENCY - ALLOCABLE COSTS		TOTALS OF SPECIFIC GROUPS WITHIN SUBGROUPS		TOTAL
A. Personal Services - Legal, Investigators, etc.				\$
GROUP II - LOCAL IV-D AGENCY - ALLOCABLE SUPPORT COSTS				
A. Personal Services				
1. Administrative Support		\$		
2. Clerical Support		\$		
B. Operating Costs (If additional space is necessary, attach a separate sheet)				
1. Space (Itemize)				
a.	\$			
b.	\$			
2. Equipment		\$		
3. Training		\$		
4. Travel		\$		
5. Other Operating Costs		\$		
C. Indirect Costs		\$		
D. FMC 74-4 Costs		\$		
E. EDP 1/		\$		
F. Less: Collection Fees		\$	()	
GROUP II - TOTAL - Total of II A.1. through II E. less II F.				\$
		ALLOCABLE Column 1	NONALLOCABLE Column 2	TOTAL Column 3
GROUP III - COOPERATIVE AGREEMENTS (Law Enforcement Agencies)		\$	\$	
GROUP III - TOTAL - Column 1 plus Column 2				\$
GROUP IV - PURCHASE OF SERVICES - LOCAL GOVERNMENT				
A. Direct Billed (Itemize)				
1.	\$	\$		
2.	\$	\$		
B. EDP 1/		\$		
GROUP IV SUBTOTALS		\$		
GROUP IV - TOTAL - Column 1 plus Column 2				\$

COUNTY		FISCAL YEAR	QUARTER ENDING	PAGE 2
GROUP V – PURCHASE OF SERVICES – PRIVATE AGENCIES (Identify)		ALLOCABLE Column 1	NONALLOCABLE Column 2	TOTAL Column 3
A. _____	\$ _____	\$ _____		
B. _____	\$ _____	\$ _____		
C. EDP <u>1/</u>	\$ _____			
GROUP V SUBTOTALS	\$ _____	\$ _____		
GROUP V TOTAL – Column 1 plus Column 2....			\$ _____	
GROUP VI – TOTAL – CHILD SUPPORT COSTS (Group I through Group V)				\$ _____
GROUP VII – EXTRANEIOUS (Itemize)				
1. _____ \$ _____				
2. _____ \$ _____	\$ _____	\$ _____	\$ _____	

1/ Summary of EDP Costs

GROUP II-E \$ _____

GROUP IV-B \$ _____

GROUP V-C \$ _____

TOTAL EDP COSTS \$ _____

I hereby certify, under penalty of perjury, that I am the official responsible for the administration of the child support program in and for said county; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the amounts reported herein have been expended and are properly chargeable as expenditures for administration of the child support program in accordance with all provisions of the Welfare and Institutions Code and the rules and regulations of the State Benefits and Services Advisory Board.

SIGNATURE OF COUNTY DISTRICT ATTORNEY

DATE

I hereby certify, under penalty of perjury, that I am the official in aforesaid county, responsible for the examination and settlement of accounts; that I have not violated any of the provisions of Sections 1090 to 1096, inclusive, of the Government Code; that the expenditures reported herein have been authorized by the district attorney and that warrants therefore have been issued or expenditures otherwise incurred according to law.

SIGNATURE OF COUNTY AUDITOR

DATE

COUNTY	COMPILED BY	TELEPHONE NUMBER	QUARTER ENDING
--------	-------------	------------------	----------------

IV-D CHILD SUPPORT TIME SUMMARY AND ACTIVITY ALLOCATION RATIOS

LINE	ACTIVITIES	TOTAL ALLOCABLE HOURS 1/	ALLOCATION RATIO 3/
1		2	3
A	Administration		
B	Collection and Distribution		
C	Establishment of Paternity		
D	Location of Absent Parent		
E	Establishment of Support/Enforcement		
F			
G			
H			
I	Non-Child Support		
J	GRAND TOTAL (Lines A through I) 2/		1.000000

1/ Total Allocable Hours - Accumulate from Grand Total Column of all DFA 400's for the month by activity.

2/ Total of all hours for activities A through I.

3/ Allocation Ratio - Determine ratios by dividing Total Allocable Hours for each Activity by Total Hours (Line J). Round ratio to six (6) places.

COUNTY	COMPILED BY	TELEPHONE NUMBER	QUARTER ENDING
--------	-------------	------------------	----------------

IV-D CHILD SUPPORT PROGRAM DISTRIBUTION Allocable Costs

L	ACTIVITIES	Allocation Ratio 1/	Local IV-D Agency Personal Services -- Legal, Investigators, etc.	Local IV-D Agency Support Costs	Cooperative Agreements Costs	Purchase of Services Local Government Costs	Purchase of Services Private Agencies Costs	SUMMARY
1	1	2	Personal Services, CA 356, Group 1 Total times Col. 2 Ratios	Admin., Clerical, Operating, etc. CA 356, Group 1 Total times Col. 2 Ratios	Col. 1, CA 356, Group III times Col. 2 Ratios	Col. 1, CA 356, Group IV Subtotal, times Col. 2 Ratios	Col. 1, CA 356, Group V Subtotal, times Col. 2 Ratios	Total of Columns 3, 4, 5, 6 and 7
N								
E								
A	Administration							
B	Collection & Distribution							
C	Establishment of Paternity							
D	Location of Absent Parent							
E	Establishment of Support/Enforcement							
F								
G								
H								
I	Non-Child Support							
J	TOTAL	1.000000	\$	\$	\$	\$	\$	\$

1/ For Lines A through I bring ratios forward from the CA 357, Column 3.

COUNTY	COMPILED BY	TELEPHONE NUMBER	QUARTER ENDING
--------	-------------	------------------	----------------

IV-D CHILD SUPPORT PROGRAM DISTRIBUTION
Nonallocable Costs

LINE	Cooperative Agreements	Purchase of Services Local Government	Purchase of Services Private Agencies	SUMMARY
1	Group III, Col. 2 CA 356	Group IV, Col. 2 Subtotal, CA 356	Group V, Col. 2 Subtotal, CA 356	Total of Columns 2, 3 and 4
A	Administration			5
B	Collection and Distribution			
C	Establishment of Paternity			
D	Location of Absent Parent			
E	Establishment of Support/Enforcement			
F				
G				
H				
I	Non-Child Support			
J	TOTAL	\$	\$	\$

COUNTY	COMPILED BY	TELEPHONE NUMBER	QUARTER ENDING
--------	-------------	------------------	----------------

IV-D CHILD SUPPORT PROGRAM DISTRIBUTION
Total Allocable and Nonallocable Costs

	Local IV-D Agency	Cooperative Agreements	Purchase of Services Local Government	Purchase of Services Private Agencies	SUMMARY
L					
I					
N					
E					
	Columns 3 + 4, CA 358	Column 5, CA 358 + Column 2, CA 359	Column 6, CA 358 + Column 3, CA 359	Column 7, CA 358 + Column 4, CA 359	Total of Columns 2, 3, 4 + 5
1	2	3	4	5	6
A	Administration				
B	Collection and Distribution				
C	Establishment of Paternity				
D	Location of Absent Parent				
E	Establishment of Support/Enforcement				
F					
G					
H					
I	Non-Child Support				
J	TOTAL	\$	\$	\$	\$ 1/

1/ Must agree with Total in Group VI, Column 3, Total Child Support Costs, CA 356.

COUNTY	COMPILED BY	TELEPHONE NUMBER	QUARTER ENDING
--------	-------------	------------------	----------------

IV-D CHILD SUPPORT PROGRAM DISTRIBUTION REPORT OF TOTAL EXPENDITURES

EXPENDITURES FOR THE QUARTER (Round to Nearest Dollar)			
	TOTAL Column 1	FEDERAL Column 2	COUNTY Column 3
A Administration	1/	2/	3/
B Collection and Distribution			
C Establishment of Paternity			
D Location of Absent Parent			
E Establishment of Support/Enforcement			
F			
G			
H			
I Non-Child Support			
J GRAND TOTAL (Line A through I)	4/ \$	\$	\$

1/ From CA 360, Column 6.

2/ Column 2 - Take Column 1 x 75% Federal Participation Rate.

3/ County Share is Column 1 less Column 2.

4/ Grand Total must agree with Column 6 Total, CA 360.

STATE USE ONLY